Exhibit Q

Message

From: Brady, Donald Wayne [/O=VANDERBILT/OU=NMO ADMINISTRATIVE GROUP/CN=RECIPIENTS/CN=BRADYDW1]
Sent: 10/28/2015 1:10:28 PM
To: Wayman, Laura L [laura.l.wayman@vanderbilt.edu]
Subject: RE: Dr. Singh--Accommodation Request

Taken care of this

From: Wayman, Laura L
Sent: Wednesday, October 28, 2015 12:10 PM
To: Brady, Donald Wayne
Cc: Karabel, Batia E.
Subject: Re: Dr. Singh--Accommodation Request

Thank you

Sent from my iPhone

On Oct 28, 2015, at 11:58 AM, Brady, Donald Wayne <donald.w.brady@Vanderbilt.Edu> wrote:

Batia
I would like to talk with you before we set up any conference call.
Donald

From: Karabel, Batia E.
Sent: Wednesday, October 28, 2015 11:48 AM
To: Brady, Donald Wayne; Wayman, Laura L
Subject: Dr. Singh--Accommodation Request

Good morning Dr. Brady and Dr. Wayman,
I have received a medical accommodation request from Dr. Gobind Singh. I would like to set up a conference call with you to discuss this request. Who should I work with to schedule this?
Many thanks,
Batia

--

Batia Karabel
EAD Compliance Specialist
Equal Opportunity, Affirmative Action, and Disability Services Department
Vanderbilt University
GPS Address: 110 21st Ave. S., Nashville, TN 37203
Office Location: Baker Building, Ste. 808
Internal Mail: PMB 401809
Office Number: 615-322-4705
Fax Number: 615-343-4969

Exhibit T

Case A – Corneal Abrasion and Hyphema

First year resident Gobind Singh

Supervising resident Matt Zhang

Unnecessary Qs

Lot from straw to eye... ? trouble chewing? last food/water

History performed by?
1st yr or Senior

- [x] [x] Timing of event?
- [x] [x] Contact with foreign bodies? Vegetable matter?
- [x] [x] Wearing contact lenses or glasses at time of injury?
- [x] [x] Is there sensitivity to light?
- [x] [x] Headache?
- [x] [x] Can you localize any pain?
- [x] [x] Sickle cell disease or trait in African American pts - No bleeding hx.
- [ ] [ ] Diplopia or change in vision?
- [x] ☐ Nausea or vomiting?
- ☐ ☐ On Aspirin or blood thinners?
- ☐ ☐ What makes it better? Closing the eye? Numbing meds? Artificial tears?
- ☐ ☐ Has this happened before?
- [x] ☐ Other POH - scleritis
- [x] ☐ Other PMH/meds/Allergies/FHx.
- [x] x ocular symptoms

1st yr ? forced ectropharynx.

Exam findings discussed or evaluated by?
1st yr or Senior ✓ — Good correlation w/ ? of globe rupture.

- [x] [x] Vision, IOP, pupils (PERRL, APD?) - asked for pinhole (sr.)
- ☐ ☐ EOM - full or restricted? Reason for restriction other than entrapment? E.g., soft tissue swelling
- ☐ ☐ Is there ptosis, ecchymoses, edema, lacerations, altered lid crease
- [x] [x] Was there globe inspection for ocular, forniceal FBs, subconj heme/lacs, Corneal lacs or defects (sr. - move conjlar around)
- [x] [x] Did they note if AC deep, quiet, symmetrical, no hyphema
- [x] [x] Did they note iris round and reactive, no pupil irregularities
- [x] [x] On Dilated exam were they concerned for VH, RD
- ☐ ☐ Fox shield over eye if there is concern for ocular damage
- [x] [x] Other Gonioscopy
- ☐ ☐ Other

Siedel Test

poor understanding of gonio results

Patient counseling/treatment discussed or suggested by?
1st yr or Senior

- ☐ ☒ Patient discussion/education occurred
- ☐ ☒ Antibiotic ointment (erythromycin, tobramycin) w/wo steroid?
- ☐ ☒ Predforte started for hyphema? Or delayed due to abrasion
- ☐ ☒ Cycloplegic started for hyphema - should counsel on ↓ VA @ near.
- ☐ ☒ Observe for IOP rise
- ☐ ☒ Recheck daily or 3-5 days for rebleed
- ☒ ☐ Avoid blood thinners if not medically necessary
- ☐ ☐ Fox shield when resting /sleeping
- ☐ ☒ Other careful w/ IOP + lowering agent
- ☐ ☒ Other Limit Activity

Please comment on the following regarding the supervising senior:

1) Did they allow the 1st year to present the case with minimal or appropriate interruptions? Yes.

2) Were they professional at all times? Yes

3) Did they ask pertinent questions? Yes

4) Did they appear comfortable with giving advice or feedback?
Yes, but should continue to develop flow of communication + order of hx → exam → management.

5) Did they create an environment that was comfortable for the 1st year resident to ask questions? Yes

6) Were unnecessary tests ordered? No, though 1st yr was considering some form of imaging?

7) Did they give constructive feedback to the 1st year resident?
yes, good instruction on CAI use in AAs w/ sickle cell potentially

8) Did they go to examine the patient?
Yes, through patient discussion

~~Primary~~ Junior seemed a little unsure of plan/management.

Case B – Entrapped floor fracture

First year resident Gobind Singh

Supervising resident Niraj Nathan

History performed by? Both introduced themselves
1st yr or Senior

- [x] [x] Timing of event?
- [x] [ ] Contact with foreign bodies?
- [x] [x] Loss of consciousness?
- [x] [ ] Headache?
- [ ] [ ] Can you localize any pain?
- [x] [x] Nose bleed or any liquid leaking from nose or ear? — reported by 1st yr but not asked
- [ ] [x] Diplopia or change in vision?
- [x] [x] Nausea or vomiting?
- [x] [x] Other PoH
- [x] [x] Other PMH
- [x] [x] Denies ~~Signs~~/Symptoms
- [x] [x] Pain w/ eye movement
- [x] [x] Glasses

Exam findings discussed or evaluated by?
1st yr or Senior

Did Not Remove Covering over the eye!!

Asked name @ end of Hx.

Given on Zoom Sheet

- [x] [x] Vision, IOP, pupils (PERRL, APD?)
- [x] [x] EOM - full or restricted? Reason for restriction other than entrapment? E.g., soft tissue swelling
- [ ] [x] Did they consider a forced duction test?
- [ ] [ ] Is there globe malposition?
- [ ] [x] Is there ptosis, ecchymoses, edema, lacerations, altered lid crease
- [ ] [ ] Did they look for epistaxis, CSF leak (nose, ear)
- [ ] [ ] Did they assess focal orbital rim tenderness or step off
- [ ] [x] Did they ask/assess Hypo- or dysesthesias (Check alveolar branch as well) – Senior discussed, no one examined.
- [ ] [x] Was there globe inspection for ocular, forniceal FBs, subconj heme/lacs, Corneal lacs or defects (+) Seidel Test.
- [ ] [x] Did they note if AC deep, quiet, symmetrical, no hyphema
- [ ] [ ] Did they note iris round and reactive, no pupil irregularities
- [x] [x] On Dilated exam did they look for VH, RD, choroidal rupture – Fundus photo
- [x] [x] CT ordered and reviewed results? w/ CBC.
- [ ] [ ] Fox shield over eye if there is concern for ocular damage — N/A.

45 ~~[illegible]~~ nited CBC CT w contrast nion specified not necessary ✓✓

No one said specifically rule out for entrapment should seek this!

Checked for vitals

Trismus

- ☒ If entrapped clinically -
- ☒ When did they last eat or drink?
- ☒ Make NPO, limited activity level
- ☒ Board for OR, plan to discuss with fellow/attending?
- ☐ Tetanus booster
- ☒ Other No nose blowing
- ☒ Other Abx if sinus disease

Patient counseling/treatment discussed or suggested by?
1st yr or Senior

- ☒ Patient discussion/education occurred 3rd yr allowed 1st year sufficient autonomy
- ☒ Surgery is needed
- ☒ Reason for urgent surgery
- ☒ Diplopia may persist or occur as a result of the surgery. They may have globe or lid malposition result from surgery. Small risk of vision loss, bleeding, infection with all orbital surgery.
- ☒ General anesthesia. Postoperative restrictions or recovery time.
  X Avoid Noseblowing

Please comment on the following regarding the supervising senior:

1) Did they allow the 1st year to present the case with minimal or appropriate interruptions? Yes

2) Were they professional at all times? Yes

3) Did they ask pertinent questions? Yes

4) Did they appear comfortable with giving advice or feedback? Yes

5) Did they create an environment that was comfortable for the 1st year resident to ask questions? Yes

6) Were unnecessary tests ordered? No

7) Did they give constructive feedback to the 1st year resident? Yes
Supervising resident very knowledgeable, good forethought on planning + who to recruit for help

8) Did they go to examine the patient? Yes
Good direction for 1st year.
Knew most important points to ask.

a) Senior listed appropriate favorite fellow.

Case C – Anterior Uveitis

First year resident Gobind Singh

Supervising resident matt hodar

History performed by?
1st yr or Senior

- ☐ Timing of event?
- ☐ Contact with foreign bodies?
- ☐ Has this happened before?
- ☐ Headache?
- ☐ Can you localize any pain?
- ☐ Vision loss?
- ☐ Sensitive to light?
- ☐ Nausea or vomiting?
- ☐ Exposure to animals? Pets? Ingestion of rare meat?
- ☐ Travel history outside of the US
- ☐ Where were you born/where have you lived?
- ☐ Other joint pain (back, digits, heel pain?)
- ☐ Did they have any GI problems or rashes in ROS?
- ☐ Prev history of autoimmune diseases
- ☐ Contact lens hygiene history (brand, solution, duration of wear, method of storage)
- ☐ Other trauma Ø.
- ☐ Other Fam Hx = Breast ca/HTN/DM.

recap

Exam findings discussed or evaluated by?
1st yr or Senior

- ☐ Vision, IOP, pupils (PERRL, APD?)
- ☐ EOM - full or restricted?
- ☑ Was there globe inspection for ocular, forniceal FBs, subconj heme/lacs, Corneal lacs or defects
- ☐ Did they note/grade anterior chamber cellular reaction
- ☐ Did they note iris round, normal appearing post. synech
- ☐ Did they note or comment on ciliary flush
- ☐ On dilated exam was there concern for VH, vitreous cell, retina infiltrates, retinitis, or snow banking/snow balls?

· sclerit
· ~~Ant~~ Ant uveit.

☐ ☐ Fox shield over eye if there is concern for ocular damage

Patient counseling/treatment discussed or suggested by?
1st yr or Senior

- ☐ ☐ Patient discussion/edueation occurred
- ☑ ☐ Work up obtained? CXR, lyme, RPR, HIV, PPD, HLAB27?
- ☑ ☑ Started on PF frequent (q1 or q2 hour(s)) → MH
- ☐ ☐ Did they start prednisone pills? if hyper. → MH
- ☑ ☑ Initiated cycloplegic drop
- ☐ ☑ Did they start IOP lower drops? – NO
- ☐ ☑ Follow up in 5 days 1 mo
- ☐ ☐ Did they counsel no use of contact lens while using eye drops?
- ☑ ☐ Other MRI
- ☐ ☑ Other → ⊕ fluorex ⊖ Sensory — Color red desat

Please comment on the following regarding the supervising senior:

1) Did they allow the 1st year to present the case with minimal or appropriate interruptions? yes
2) Were they professional at all times? yes
3) Did they ask pertinent questions? yes
4) Did they appear comfortable with giving advice or feedback? yes
5) Did they create an environment that was comfortable for the 1st year resident to ask questions? yes
6) Were unnecessary tests ordered? NO
7) Did they give constructive feedback to the 1st year resident? yes
8) Did they go to examine the patient? yes

Case A – Corneal Abrasion and Hyphema

First year resident ~~Ian Thompson~~ Gobind Singh

Supervising resident Matthew Zhang

History performed by?
1st yr or Senior

- ☐ ☐ Timing of event?
- ☐ ☑ Contact with foreign bodies? Vegetable matter?
- ☐ ☐ Wearing contact lenses or glasses at time of injury?
- ☐ ☐ Is there sensitivity to light?
- ☐ ☐ Headache?
- ☐ ☐ Can you localize any pain?
- ☐ ☐ Sickle cell disease or trait in African American pts
- ☐ ☐ Diplopia or change in vision?
- ☐ ☐ Nausea or vomiting?
- ☐ ☐ On Aspirin or blood thinners?
- ☐ ☐ What makes it better? Closing the eye? Numbing meds? Artificial tears?
- ☐ ☐ Has this happened before?
- ☐ ☐ Other
- ☐ ☐ Other

Exam findings discussed or evaluated by?
1st yr or Senior

- ☑ ☐ Vision, IOP, pupils (PERRL, APD?)
- ☑ ☐ EOM - full or restricted? Reason for restriction other than entrapment? E.g., soft tissue swelling
- ☐ ☐ Is there ptosis, ecchymoses, edema, lacerations, altered lid crease
- ☐ ☑ Was there globe inspection for ocular, forniceal FBs, subconj heme/lacs, Corneal lacs or defects
- ☑ ☐ Did they note if AC deep, quiet, symmetrical, no hyphema
- ☑ ☐ Did they note iris round and reactive, no pupil irregularities
- ☐ ☐ On Dilated exam were they concerned for VH, RD
- ☐ ☐ Fox shield over eye if there is concern for ocular damage
- ☐ ☑ Other - q FP over conj laceration
- ☐ ☑ Other

Patient counseling/treatment discussed or suggested by?
1st yr or Senior

- ☑ Patient discussion/education occurred
- ☐ Antibiotic ointment (erythromycin, tobramycin) w/wo steroid?
- ☐ Predforte started for hyphema? Or delayed due to abrasion
- ☑ Cycloplegic started for hyphema
- ☑ ☐ Observe for IOP rise
- ☑ ☐ Recheck daily or 3-5 days for rebleed
- ☑ ☐ Avoid blood thinners if not medically necessary
- ☐ ☑ Fox shield when resting /sleeping
- ☑ ☐ Other
- ☑ ☐ Other

Please comment on the following regarding the supervising senior:

1) Did they allow the 1st year to present the case with minimal or appropriate interruptions? Yes — appropriate interruptions
2) Were they professional at all times? Yes
3) Did they ask pertinent questions? Yes — followed up on 2's already asked
4) Did they appear comfortable with giving advice or feedback? Yes
5) Did they create an environment that was comfortable for the 1st year resident to ask questions? Yes
6) Were unnecessary tests ordered? NO — only sickle cell
7) Did they give constructive feedback to the 1st year resident? no opportunity to but did say good thought when Gabriel suggested sickle cell test
8) Did they go to examine the patient? Yes

Monday 6pm ACG tr
630 home
645 dinner 30mins
15mins
730-930 – Reading 50 mins clinic 45-50 mins

Tues 830 15mins
Thurs
Friday clinic

(2) site

Meeting with Dr. Wayman - 9/22/14

Objective over next 6 months

1) Start becoming excellent surgeon/clinician
   the process
2) Understanding overall physiology and disease processes, being able to ask insightful research provoking questions (1) (1)
3) Spend more time reading BCSC and improving time management overall
   & new night routine will help
   ~~Need to~~ New
   Improve time Management
   8pm clinic dinner

6pm dinner
laundry

Goals over next 6 months

1) Catch up/reading schedule as per AAO newsletter
2) Engage in research project/ possible mentor moving forward
3) Complete prior research project into submission — MAR
   — sebaceous carcinoma
   — shields paper

Plan for next 6 months

1) Read extra 5 pages on top of traditional schedule of BCSC series. Assess in 10/22 if caught up with series

13.5/day
+5/day
pages

2) Tumor Immunology- Dr. Daniels already met with and identified case for GR
   2A) Discuss possibility for research project before end of December and presenting at next year or this year's conferences
3) Spend at least 1-2 hours every week doing practical surgical techniques and identifying instruments- Already making little home practical tool session
4) Become more balanced with work/personal life
5) Sync Google calender w/ life
6) ~~Set up home~~

Vanderbilt Eye Institute
Laura L. Wayman, M.D.

Surgery Self-Assessment Debriefing Form

Date: 10/22/2014
Resident Surgeon: Singh
Attending: Wayman
Patient #: 2

not comfortable c chair

- What was good about the procedure? Circle as many as apply.
Positions – surgeon and or patient
Paracentesis a little long, but didn't interfere – surgery
Injectables (lidocaine, viscoelastic)
Temporal wound
Rhexis
Hydrodissection
Sculpt
Cracking
Quadrant removal
Cortex removal
Viscoelatic delivery
IOL loading
IOL insertion
Viscoelastic removal
Wound seal

Microscope pedal use
good introduction of cannula & good delivery of injectables
Didn't know which was scope pedal (similar to lab pedal)

- What part of the procedure do you feel competent performing?
N/A

- What steps need improvement?
Microscope

- What about your skill concerns you the most?
N/A 1st time in OR

- List anything else you feel is important

-Plan Work in Wet Lab
- Practice using scope
- practice incisions / hand position

Vanderbilt Eye Institute
Laura L. Wayman, M.D.

Surgery Self-Assessment Debriefing Form

Date: 11/22/14
Resident Surgeon: Singh / Nathan
Attending: Wayman
Patient #: 2

- What was good about the procedure? Circle as many as apply.

Singh
Positions – surgeon and or patient
Paracentesis
Injectables (lidocaine, viscoelastic) (epinephrine)
Temporal wound

Nathan
Rhexis
Hydrodissection
Sculpt
Cracking
Quadrant removal
Cortex removal
Viscoelatic delivery
IOL loading
IOL insertion
Viscoelastic removal
Wound seal

- What part of the procedure do you feel competent performing?

Ø

- What steps need improvement? moving chair, controlling brake, focusing up/down, moving pedal closer to me

- What about your skill concerns you the most? operating microscope (infiniti Alcon) OR IL

- List anything else you feel is important : getting comfortable

-Plan more "sit time" in wet lab, putting pedal on right foot

Surgery Self Assessment
Debriefing Form

Date: 10/29/14

Surgeon: Nathan / Singh

Attending: Wayman

Patient # (1, 2 or 3): (2)

- What was good about the procedure? Circle as many as apply.
Positions – surgeon and or patient
Paracentesis
Injectables
Temporal wound
Rhexis
Hydrodissection
Sculpt
Cracking
Quadrant removal
Cortex removal
IOL insertion
Viscoelastic removal
Wound seal

- What part of it do you feel competent performing? Felt more comfortable w/ being in OR setting of Dr Wayman. Felt better about positing Microscope and chair (d/c brake on/off)
- What steps need improvement?
- continue more exposure
- practice placing injectables inside incision wound in same plane so enters smoothly
- What about your skill concerns you the most?
- Lack of experience
- List anything else you feel is important
- Felt better overall than first attempt

-Plan
- cont wet lab training/experience and time w/ patients in OR

Exhibit U

ACGME

ACGME Expectations for Content of Resident and Fellow Files
Department of Field Activities

What are the expectations for content of resident and fellow files?

Minimum content in current residents'/fellows' educational files should include:

- written evaluations from multiple evaluators, including self-evaluations, as specified in the Program Requirements
- periodic evaluations (every six months or more frequently if required by the specialty Review Committee) by the Clinical Competency Committee, and discussed with the resident/fellow by the program director or his/her designee
- records of the resident's/fellow's rotations and other training experiences, including surgical and procedural training as applicable
- medical school graduation documentation, and Education Commission on Foreign Graduate Medical Education (ECFMG) certification for international medical graduates
- for residents/fellows engaged in moonlighting, a prospective, written statement of permission from the program director
- documentation of current training or permanent licensure
- documentation of required added training, such as ACLS, PALS, etc.
- documentation of scholarly activity and quality improvement projects, including records of presentations, abstracts, and publications
- records of any educational disciplinary actions, as pertinent to the particular resident/fellow
- other content as determined by the program director and/or the Sponsoring Institution

Resident and fellow files may be contained in an electronic system, or in a combination of paper and electronic records. Secure storage to prevent loss of records, and electronic file back-up and recovery protocols must be in place and consistently followed. These records must be available for review by the Accreditation Field Representative at the time of the site visit.

Are there expectations for retention of information in resident and fellow files?

The ACGME's standards for document retention and the period for which records need to be kept after a resident's or fellow's graduation defer to institutional document retention standards, which may be based on institutional, state, or other relevant requirements.

The Sponsoring Institution should indefinitely retain the following core files for all residents/fellows who successfully complete the program in order to accommodate future requests for primary source verification of program completion:

- a summation of the resident's/fellow's final summative evaluation, and the letter from the program director indicating readiness for unsupervised practice;
- records of the resident's/fellow's rotations, training experiences, and procedures, as applicable to the specialty; and,
- documentation of disciplinary action, if any.

For residents/fellows who do not complete the program or who are not recommended for Board certification, programs should keep the entire file for a minimum of seven years in case of subsequent legal action.

Programs with specific questions about what documents to include in their residents'/fellows' files and for what period of time should consult their designated institutional official and, as needed, institutional legal counsel.

Exhibit V

Education Committee Meeting
Notes
July 15th, 2014 – 5:30 pm

In Attendance: Dr. Wayman, Dr. Estopinal, Dr. Ewald, Dr. Law, Dr. Chomsky, Dr. Singleton, Dr. Kim

1. Minutes
2. OKAP's
3. Remediation
4. Call Coverage
5. Resident/Faculty Survey
6. Program Evaluation Committee
7. Resident Issues

#1. Minutes approved with corrections – Old business – can we change the color of the link on the website for lecture schedule to blue or red – Nora to check with Janelle

#6. We will be starting a new committee that Dr. Law will be chairing. This will be the PEC or Program Evaluation Committee. This is separate from the CCC, Clinical Competency Committee which meets q 6 months and reviews the resident files/milestones. The PEC will be assessing the program including survey results from the faculty and residents and will determine how we are doing overall as a program. This committee will have at least one resident's representative.

#5. Passed out today, for your review are the resident and faculty survey results. Please review and discuss and turn back in before you leave.

#2. OKAP's – Dr. Wayman discussed how they did this year and how the format changes. Dr. Ewald wanted to know if they took it seriously. Per Dr. Law, they are using the
Oph. Questions – not using the BCSC books for studying.

#3. Remediation – there is a level for remediation. Anyone in the 40th percentile will be in remediation. The goal is to score in the 60th percentile overall. Dr. Chomsky wanted to know if we have gone backwards 10-15 years. Dr. Wayman said no, that we have always had residents in the 40th – 50th percentile. Dr. Wayman met with Matthew Hollar and Caroline specifically – asked what they were studying. They are both involved in remediation at this time. Matthew Hollar was just excused; he has to submit write-ups for reading. Dr. Vargason is very diligent -→ turns in every Monday – they have to read and write study notes. Evan took the remediation to heart. Brian Armstrong went from the 30th percentile to the 80th percentile. Sarita, Kasra, Courtney Scott and Karen all passed their verbal boards. Dr. Chomsky wanted to know if she could get copies of the Optic Scores. Dr. Singleton wanted to know if we think that sending the residents away for their path rotations was doing them any good or are they wasting their time. Dr. Wayman stated that no, it is not a waste of time and that it is a requirement; we do not have a full time ocular pathologist on staff here at Vanderbilt University Medical Center so they

must go to Emory. Dr. Wayman stated that it is our responsibility to make sure the residents pass their boards. It is part of the milestones (ACGME). Dr. Kim said that now he asks for the OKAP scores as part of the fellowship (retina) screening. Dr. Ewald asked if the applicants get a copy for their records; Dr. Kim stated yes, they get their own copy. Dr. Law said the OKAP scores, as a screening tool is discussed all the time. Dr. Kim said that they are part of a metric. At this time, the mentors have been asked to be involved in the remediation process with our residents who did not do well on the OKAP examination.

#4 – Call Coverage – Dr. Chomsky wanted to know if there is any talk about getting more residents? Dr. Wayman stated that, at this time, no; we want to be sure to reach our surgical #'s. Dr. Chomsky said that the VA is hiring 6 new FT ophthalmologists and we will have new surgical scopes and 2 OR's FT. There will be 4 hired within 6 mos of the VA w/appointments here. This is all part of the "Access Initiative Program". Dr. Kim wanted to know how this will related to an increase in surgical #'s because there is such a back-log. Dr. Wayman said that she has no problem increasing # of residents if the production is up. She would consider increasing #'s – the 2014 class did really well. Class of 2013 surgical #'s were not good but that was more likely related to the individuals.

CBE is proposing a night float system → still working on it. In-house call was proposed as well but coverage would be more difficult to cover. Night float could break it up more – in-house call would be more difficult. Dr. Wayman said that they would have to go home if they work too many hours. Night float would be more predictable. Chris/Dr. Wayman need to talk about this more and then re-present. Buddy call, per Dr. Ewald, right now they both stay correct? Maybe the buddy/first year can split the nights. Per Dr. Ewald, don't most interns do night floats? Dr. Wayman said they are used to it. Dr. Estopinal said that the residents have gotten data that proves and increase in calls currently. Per Dr. Kim, night call would be isolated; more accountable/predictable. Per Dr. Ewald, after buddy call, seniors currently take call for a week at a time. Senior resident has a different level of ACGME duty hours. They are different. Per Dr. Kim, duty hours only apply to clinic stuff right? Dr. Wayman; anything we tell them is mandatory counts towards duty hours. Per Dr. Estopinal, people want to stay and not always go home. Dr. Wayman stated some of those things they will have to pick and choose. Dr. Estopinal said that with the first years, this has been optional and it has not worked so well. Dr. Kim, in-house get dumped on. Dr. Wayman stated that ophthalmology always gets more dumped on. Dr. Estopinal does not want to create an environment of more work. Dr. Chomsky stated that the ER should hire a full time ophthalmologist. Per Dr. Law, call coverage currently is the first 6 weeks → when to progress a 2nd year to become senior call. Dr. Wayman last year did supervision scenarios and then a conference afterwards. Dr. Estopinal said there should be a standardized exam with 1st/2nd/3rd years and attendings. Dr. Wayman stated that "Seala (?)" was not interested before but maybe they will be now → Dr. Law will work on that. Dr. Estopinal said the scenario would be standard.

Dr. Wayman noted that several of us are having a difficult time with the first years returning/responding to emails. This is a national trend and other PD's all over the country have had similar issues. Some of the PD's are holding surgeries until they get responses from residents. This is becoming more and more of an issues -→ we don't want to punish them. Dr. Estopinal said he does not know what to do that wouldn't affect graduation. Dr. Wayman said that emails need to be responded to and ready and directions followed because this speaks to professionalism; which is a core competency. Dr. Wayman to Dr. Estopinal; when you speak to the residents, please relay this to them. Dr. Chomsky stated that she has to have paperwork filled out for quality purposes. Dr. Wayman said if anyone had any ideas about how to control this, to please let us know. Dr. Kim said that this should go through Chris. Dr. Estopinal said that when they start and when they graduate there is a lot of paperwork. Dr. Chomsky stated that maybe we could take away their extra days for interviews. Dr. Estopinal will email them and ask them to be more responsive. Dr. Wayman wanted to be sure and note that this is not a threat. Dr. Estopinal said that interviews are tough – Talmage will be chief at the VA during this time. Chris and Yuna will be interviewing for cornea, Anthony glaucoma, Talmage plastics and Kevin comprehensive.

Exhibit W

Resident Milestone Evaluation: Year-End 2015-2016

ACGME

Program: **Vanderbilt University Medical Center Program 2404731147 - Ophthalmology**

Resident: **Gobind Singh** Date Evaluation Completed: **June 24, 2016 (Year-End)** Resident Year in Program: **1**

Patient Care

	Has Not Achieved Level 1	Level 1		Level 2		Level 3		Level 4		Level 5
a). PC-1. Patient Interview		●								
b). PC-2. Patient Examination (Use the Appendix and see Special Note on page v.)		●								
c). PC-3. Office Diagnostic Procedures (Use the Appendix and see Special Note on page v.)		●								
d). PC-4. Disease Diagnosis		●								
e). PC-5. Non-surgical Therapy		●								
f). PC-6. Non-Operating Room (OR) Surgery (Use the Appendix and see Special Note on page v.)	●									
g). PC-7. OR Surgery (Use the Appendix and see Special Note on page v.)	●									
h). PC-8. Consultation		●								

Medical Knowledge

	Has Not Achieved Level 1	Level 1		Level 2		Level 3		Level 4		Level 5
a). MK-1. Demonstrate level-appropriate knowledge		●								
b). MK-2. Demonstrate level-appropriate knowledge applied to patient management			●							

Systems-Based Practice

	Has Not Achieved Level 1	Level 1		Level 2		Level 3		Level 4		Level 5
a). SBP-1. Work effectively and coordinate patient care in various health care delivery systems		●								
b). SBP-2. Incorporate cost-effectiveness, risk/benefit analysis, and IT to promote safe and effective patient care		●								
c). SBP-3: Work in interprofessional teams to enhance patient safety, identify system errors, and implement solutions		●								

Resident Milestone Evaluation: Year-End 2015-2016

Program: **Vanderbilt University Medical Center Program 2404731147 - Ophthalmology**

Resident: **Gobind Singh** Date Evaluation Completed: **June 24, 2016 (Year-End)** Resident Year in Program: **1**

Practice-Based Learning and Improvement

	Has Not Achieved Level 1	Level 1		Level 2		Level 3		Level 4		Level 5
a) PBLI-1. Self-Directed Learning 1. Identify strengths, deficiencies, and limits in one's knowledge and expertise 2. Set learning and improvement goals 3. Identify and perform appropriate learning activities 4. Use information technology to optimize learning		●								
b) PBLI-2. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems		●								
c) PBLI-3. Participate in a quality improvement project	●									

Professionalism

	Has Not Achieved Level 1	Level 1		Level 2		Level 3		Level 4		Level 5
a) PROF-1. Compassion, integrity, and respect for others; sensitivity and responsiveness to diverse patient populations		●								
b) PROF-2. Responsiveness to patient needs that supersedes self-interest	●									
c) PROF-3. Respect for patient privacy and autonomy		●								
d) PROF-4. Accountability to patients, society, and the profession		●								

Interpersonal and Communication Skills

	Has Not Achieved Level 1	Level 1		Level 2		Level 3		Level 4		Level 5
a) ICS-1. Communicate effectively with patients and families with diverse socioeconomic and cultural backgrounds 1. Rapport development 2. Interview skills 3. Counsel and educate 4. Conflict management		●								

Resident Milestone Evaluation: Year-End 2015-2016

Program: **Vanderbilt University Medical Center Program 2404731147 - Ophthalmology**

Resident: **Gobind Singh** Date Evaluation Completed: **June 24, 2016 (Year-End)** Resident Year in Program: **1**

Interpersonal and Communication Skills

	Has Not Achieved Level 1	Level 1		Level 2		Level 3		Level 4		Level 5
ICS-2. Communicate effectively with physicians, other health professionals, and health-related agencies 1. Comprehensive, timely, and legible medical records 2. Consultation requests 3. Care transitions 4. Conflict management		●								
ICS-3. Work effectively as a member or leader of a health care team or other professional group 1. Clinical team (outpatient clinic, inpatient consult service) 2. OR team 3. Professional work group (e.g.,QI committee)	●									
ICS-4. Effectively present didactic and case-based educational material to physicians and other healthcare professionals		●								

VANDERBILT UNIVERSITY MEDICAL CENTER

Donald W. Brady, M.D.
Senior Associate Dean for GME and
Continuing Professional Development
ACGME/NRMP Designated Institutional Official
Office of Graduate Medical Education

April 6, 2015

Gobind Singh, M.D., Ph.D.
2421 Brandau Place, Apt 223
Nashville, TN 37203

Exhibit X

Dear Dr. Singh:

Upon the recommendation of your clinical chief, I am pleased to appoint you as a Resident for the period of July 1, 2015 through June 30, 2016 in the Ophthalmology Residency Training Program. You will be appointed at PGY Level 3 and your stipend will be $56,429.00 annually.

Enclosed are two documents that need your immediate attention. These must be signed and returned to the Office of Graduate Medical Education, 201 Light Hall within two weeks of the date of this letter :

- **House Staff Agreement**
- **VUMC Confidentiality Agreement**
- **Include CV current up to the appointment**

All of us look forward to a continuing beneficial and enjoyable association with you.

Sincerely,

Donald W. Brady, M.D.
Senior Associate Dean for Graduate Medical Education
ACGME/NRMP Designated Institutional Official

Enclosures: • House Staff Agreement • VUMC Confidentiality Agreement Form

cc: Sandy Bledsoe

201 Light Hall
Nashville, TN 37232-5283
tel 615.322.6035
fax 615.343.1496
www.mc.vanderbilt.edu/gme

VANDERBILT UNIVERSITY MEDICAL CENTER

Confidentiality Agreement

Vanderbilt University Medical Center (VUMC) has legal and ethical responsibilities to safeguard the privacy of its employees, students, and patients and their families and to protect the confidentiality of protected health information and all other types of confidential information.

As a member of the Vanderbilt community I, Gobind Singh, M.D., Ph.D., agree to conduct myself in strict conformance with all applicable laws and with Vanderbilt and VUMC policies overning confidential information. I understand and agree that measures must be taken so that all confidential information captured, maintained, or utilized by VUMC and any of its off-site clinics or affiliated entities is accessed only by authorized users. These obligations apply to confidential information that is collected or maintained verbally, in paper, or electronic format. **I understand that these these security requirements and my responsibility to protect confidential information also apply to when I'm working from home or off-campus.**

VUMC Confidential Information includes any and all of the following categories:

- Patient information including demographic, health, and financial information (in paper, verbal, or electronic form regardless of how it is obtained, stored, utilized, or disclosed);
- Information pertaining to members of the VUMC Workforce or Extended Community (such as social security numbers, banking information, salaries, employment records, student records, disciplinary actions, etc.);
- Vanderbilt University or VUMC information (such as financial and statistical records, academic or research funding, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary information including computer programs, source code, proprietary technology, etc.);
- Third-party information (such as insurance, business contracts, vendor proprietary information or source code, proprietary technology, etc.); and
- Patient, research, academic program, or other confidential or proprietary information heard or observed by being present on VUMC premises.

As a condition of and in consideration of my use, access, and/or disclosure of confidential information, I agree that:

1. I will access, use, and disclose confidential information only as authorized and needed to perform my assigned job duties. This means, among other things, that I:
   a) will only access, use, and disclose confidential information that I have authorization to access, use, and disclose in order to perform my job duties;
   b) will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly and clearly authorized within the scope of my job duties and as in accordance with all applicable Vanderbilt policies and procedures and with all applicable laws;
   c) will report to my supervisor or to the appropriate office any individual's or entity's activities that I suspect may compromise the privacy or security of VUMC Confidential Information.
2. If I am granted access to Vanderbilt electronic systems, including email, I am the only person authorized to use the individual user identification names and passwords or access codes assigned to me. I agree to the following:

a) To safeguard and not disclose my individual user identification passwords, access codes or any other authorizations that allow me to access VUMC Confidential Information to anyone including my manager, supervisor, or LAN manager.

b) To not request access to or use any other person's passwords or access codes.

c) I accept responsibility for all activities undertaken using my passwords, access code and other authorizations.

d) It is my responsibility to log out of any system to which I have logged on. I will not under any circumstances leave unattended a computer to which I have logged on without first either locking it or logging off the workstation.

e) If I have reason to believe that the confidentiality of my password has been compromised, I will immediately change my password.

f) I understand that my user identification will be deactivated upon notification to Information Management that I am no longer working at VUMC; or when my job duties no longer require access to the computerized systems.

g) I understand that VUMC has the right to conduct and maintain an audit trail of all accesses to confidential information, including the machine name, user, date, and data accessed and that VUMC may conduct a review of my system activity at anytime and without notice in order to monitor appropriate use.

h) I understand and accept that I have no individual rights to or ownership interests in any confidential information referred to in this agreement and that therefore Vanderbilt may at any time revoke my passwords or access codes.

i) I understand that individuals who access VUMC Confidential Information from home must follow Vanderbilt's Security Guidelines for Remote Access.

j) I understand that it is my responsibility to be aware of VU Human Resource policies, VUMC Operations policies, and other policies that specifically address the handling of confidential information and misconduct that warrants immediate discharge.

k) I understand that in addition to protecting confidential information I am also required to be aware of the VU Computer Privileges and Responsibilities policy and to abide by all of its requirements regarding the appropriate use of VU and VUMC computer systems.

My signature below indicates that I have read, accept, and agree to abide by all of the requirements described above. I acknowledge that any violation of these requirements may result in disciplinary measures up to and including termination of employment and/or affiliation with VU and VUMC.

Signature: _____ Date: 4/20/15

Printed Name: **Gobind Singh, M.D., Ph.D.**

Job Title: Resident Physician Department/School: Ophthalmology / Vanderbilt

Gobind Singh, M.D., Ph.D.
Ophthalmology

Appointment Date: 7/1/2015
PGY-Level 3

VANDERBILT UNIVERSITY MEDICAL CENTER
HOUSE STAFF AGREEMENT 2015-2016

In accepting this appointment, I hereby agree to:

1) Satisfy the conditions of employment as contained in the House Staff Manual (http://www.mc.vanderbilt.edu/documents/gme/files/HSManual.pdf).
2) Abide by the applicable Medical Staff Bylaws, Rules and Regulations, House Staff Manual, and Vanderbilt University and Vanderbilt University Medical Center (VUMC) policies and procedures, including but not restricted to policies on Privacy, HIV exposure and the Alcohol and Drug Use Policy.
3) Abide by the VUMC Graduate Medical Education Committee policy on duty hours.
4) Honestly and accurately report all duty hours, including any hours spent in internal or external moonlighting.
5) Demonstrate an understanding and acceptance of my personal role in a) the safety and welfare of patients entrusted to my care; b) the provision of patient- and family-centered care; c) responsibility for my personal fitness for duty; d) management of my time before, during, and after clinical assignments; e) recognition of possible impairment, including illness and fatigue, in myself and my peers, and seeking assistance from the appropriate resources; f) monitoring of my patient care performance improvement indicators; and g) honest and accurate reporting of patient outcomes and clinical experience data.
6) Attend to lifelong learning through continuing my personal program of self-study and professional growth, with guidance from the faculty and teaching staff.
7) Participate in quality patient care, commensurate with the responsibility delegated to me by virtue of my level in the clinical training program.
8) Participate fully in the educational activities of my clinical training program.
9) Participate in official VUMC programs and activities involving the medical staff, including institutional committees and councils, to the extent requested.
10) Rotate, when required to do so by my program, to the designated affiliated hospitals, and to adhere to the established procedures, policies, and regulations of these affiliated institutions.
11) To accept or participate in extracurricular employment (internal or external moonlighting) only as is consistent with the policies of VUMC and with the specific written approval of my Chief of Service and the Associate Dean for Graduate Medical Education.
12) Render to my patients safe, efficient and the most cost-effective medical care possible.
13) I understand that I am not entitled to be paid by Vanderbilt University in the event the military, the NIH or other third party compensates me for my post graduate clinical training. In the event I am compensated by Vanderbilt University, I agree to repay all over-payments.
14) I understand that this constitutes an annual appointment only, and that renewal with progression to the next level, renewal with non-promotion, or non-renewal will depend upon whether or not I have met or exceeded the requirements of my clinical training program.

I understand that Vanderbilt University Medical Center will provide:

1) An environment in which I may continue my medical education and develop the knowledge and skills essential for medical practice.
2) A culture of professionalism that supports patient safety and personal responsibility and whose faculty members demonstrate an understanding and acceptance of their personal roles in a) the safety and welfare of patients entrusted to my care; b) the provision of patient- and family-centered care; c) fitness for duty; d) management of my time before, during, and after clinical assignments; e) recognition of possible impairment, including illness and fatigue, in myself and my peers, and appropriate intervention; f) monitoring of my patient care performance improvement indicators; and g) honest and accurate reporting of patient outcomes and clinical experience data.
3) The availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care.
4) A review of my performance by my clinical service, by which I am informed of my progress at least semi-annually.
5) A salary commensurate with my level of responsibility as indicated on the accompanying letter which is made a part hereof.
6) Three weeks vacation per year.
7) Leave for which I may qualify (sick leave, FMLA, personal, etc.) as defined in applicable provisions of the House Staff Manual. Please reference the House Staff Manual for how leave and other absences may affect the fulfillment of Board requirements.
8) Grievance process for non-academic issues including claims of discrimination, harassment, and/or retaliation in accordance with the applicable provisions of the House Staff Manual and/or Vanderbilt University policy.
9) Appeals process, as described in the House Staff Manual, for Corrective Action measures or if I am terminated prior to the termination date of this agreement.
10) Occurrence based professional liability coverage for claims occurring as a result of my official duties as a resident.
11) Health insurance, disability insurance, and life insurance.
12) Medical and psychological support services, including but not limited to an exercise facility; evaluation and treatment of work related and non-work related illnesses and injuries; and counseling for those experiencing emotional, marital, or substance abuse problems.
13) A physician impairment/substance abuse program as described in the House Staff Manual and Hospital Policy 30-08.
14) Uniforms and laundry of uniforms.
15) On-call in-house meals at VUMC.

Exhibit X-2

16) On-call in-house sleeping quarters at VUMC and adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home.
17) Adequate notice, and assistance in relocation, should my training program be downsized, modified, or cease to exist.
18) Accommodations for residents with disabilities as required by the Americans with Disabilities Act and in accordance with Institutional Policy.
19) I understand that the institution will make available to me the procedures contained in the Disciplinary Guidelines for Graduate Medical Education and Vanderbilt University House Staff Manual where applicable. I accept the appointment as offered under the terms and conditions as described herein (http://www.mc.vanderbilt.edu/documents/gme/files/HSManual.pdf).

Third-party Compensation/Financial Support

Are you now, or will you during the current year, be on active duty and/or receive financial support from the military, the NIH or other third party? If yes, please provide a copy of your military, NIH or other applicable agreement. ___Yes X No

Signature

4/20/15
Date

Gobind Singh, M.D., Ph.D.

or who are knowledgeable of the circumstances. In the event that there are allegations of discrimination, harassment or retaliation that have been investigated by VUMC Employee Relations, a representative of Employee Relations may appear as a witness and present their findings to the Review Committee.

The Chair of the Review Committee determines the appropriateness and number of witnesses to be called in order to provide a full and fair review of all relevant facts. In addition, a transcript of the proceedings will be made.

The review is conducted without the presence of attorneys in the room. However, either party may consult with counsel prior to such review or during a break in the proceedings.

After completion of the review, the Review Committee submits a written summary of the proceedings, evidence, and recommendations to the VUMC Executive Vice President for Educational Affairs, who makes the final decision. A copy of the summary is maintained in the GME Office and by the Chair of the Review Committee. The VUMC Executive Vice President for Educational Affairs notifies in writing the house officer, the Program Director, the Department Chair/Clinical Service Chief, the DIO, and other appropriate persons for whom notification of the Review Committee's actions is deemed necessary.

Retaliation against a resident for requesting a review of the dismissal, against a witness for participating in the process, or against anyone else participating in the process is not tolerated and will result in appropriate disciplinary action. Any potential witness who has concerns about participating in the Review process should contact the DIO or Employee and Labor Relations.

g. Non-renewal or non-promotion

Non-renewal of a house officer's contract or non-promotion of a house officer to the next level of training may be appropriate for a number of reasons, including but not limited to, insufficient medical knowledge, incompetence in patient care, lack of professionalism, inability to effectively use resources, poor interpersonal and communication skills, and inability to participate in practice-based learning. Ordinarily, written notice of non-renewal of a house officer's contract or non-promotion of a house officer to the next level of training generally shall be given no later than three months prior to the end of the house officer's current contract. In the event that notice cannot be given within three months, it shall be given as soon as possible.

If a house officer receives notice of non-renewal or non-promotion and chooses to initiate a review, he/she must notify the DIO within fourteen calendar days and request the initiation of the House Staff Complaint/Grievance Procedure in the *House Staff Manual*.

If, in the event that within the fourteen calendar day period, the Departmental Chairman/Clinical Service Chief and the house officer have resolved the matter to their mutual satisfaction (and the Departmental Chairman/Clinical Service Chief notifies the VUMC Executive Vice President for Educational Affairs in writing), a Review Committee of the GMEC need not be convened and the request for review will be considered withdrawn. In either case, the Program Director and the DIO are advised of the outcome.

h. *Procedures for Review of Matters Involving Sexual Violence*

When a matter involves "Sexual Violence" (sexual assault, domestic violence, dating violence, or stalking) as defined by and covered by the applicable VUMC policies, the Title IX Coordinator will work with GME leadership, and if applicable, the Review Committee, to provide training on the investigation and adjudication of matters involving Sexual Violence and to modify the procedures in this manual to comply with applicable sexual misconduct policy, as applicable. Those modifications will include the following:

1. *Notice of meetings.* Both the complainant and respondent will receive timely notice of the meetings that they are permitted to attend.

2. *Advisors.* Both the complainant and the respondent will be permitted to have an advisor of their choosing present during meetings where their attendance is permitted. The advisor may accompany and confer privately with the complainant or respondent, but the advisor may not interrupt, speak on behalf of the complainant or respondent, or otherwise actively participate in any meeting. An advisor's failure to comply with these guidelines may result in the termination of the meeting or the advisor no longer being permitted to be present. VUMC personnel employed in the offices responsible for the disciplinary proceedings described in this policy, along with those in the chain of command, personnel employed by the Office of Legal Affairs, and others whose participation could create a conflict of interest with their VUMC duties are not eligible to serve as advisors. If there is a question or concern about a possible advisor, the house officer should consult with Employee & Labor Relations. If either the complainant or respondent chooses to have an attorney present as an advisor, he or she must provide advance notice so that a member of the VUMC Office of Legal Affairs can attend any meeting at which another attorney will be present.

Gmail

Exhibit Z

gobind singh <gobind.singh@gmail.com>

Thank you/Information

Wandel, Tad <Tad.Wandel@wmchealth.org> Fri, Apr 1, 2016 at 12:23 PM
To: Gobind Singh <gobind.singh@gmail.com>
Cc: "Valetutti, Valerie" <Valerie.Valetutti@wmchealth.org>, "sansar_sharma@nymc.edu" <sansar_sharma@nymc.edu>, "Zaidman, Gerald" <Gerald.Zaidman@wmchealth.org>, "raymond_wong@nymc.edu" <raymond_wong@nymc.edu>

Hi Dr. Singh
It is my pleasure to offer you a resident position as a PGY3 , second year of training , in the Department of Ophthalmology at the Westchester Medical Center to start on 1 July 2016 . We look forward to your joining our team and becoming an accomplished Ophthalmologist .

My Best Wishes
Thaddeus Wandel MD
Program Director

From: Gobind Singh [gobind.singh@gmail.com]
Sent: Wednesday, March 30, 2016 11:20 AM
To: Wandel, Tad
Subject: Thank you/Information
[Quoted text hidden]